

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 317Registered No. 74

## 1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Phoenix No. 1836 W. Olive St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child John W Campbell (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 1 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth 12 18-28 Month Day Year8. FATHER Full name J. Jackson Campbell 14. MOTHER Full maiden name Ruth Lewis9. Residence (Usual place of abode) 1836 W. Olive 15. Residence (Usual place of abode) 1836 W Olive  
If non-resident, give place and state. If non-resident, give place and state.10. Color or race American 11. Age at last birthday 25 (Years) 16. Color or race American 17. Age at last birthday 16 (Years)12. Birthplace (city or place) Safford 18. Birthplace (city or state) S. Dakota  
(State or country) (State or country)13. Occupation Truck Driver 19. Occupation Housewife  
Nature of industry Nature of industry20. Number of children of this mother. 1 (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes  
(Taken as of time of birth of child herein certified and including this child.)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Alive at 8:00 a.m. on the date above stated.  
(Born alive or stillborn)\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. J. HartGiven name added from a supplemental report \_\_\_\_\_ Address 148 E. Washington (Physician or midwife)

Month, day, year \_\_\_\_\_

Filed 1-19- 19 28Registrar. J. J. Hart

Registrar.

133-1218-932